

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
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11						
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13						
14						
15						
16						
17						
18						
19						
20						
21	4					
22						
23		1				
24						
25		1				
26			1			
27		1				
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30		1				
31						
32		1				
33						
34		1				
35	1					
36		1				
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	22					

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						